

3.42 STANDARDS FOR INFANT HEARING SCREENING SERVICES**3.42.1 INPATIENT INFANT HEARING SCREENING PROVIDER****A. Definition**

An Inpatient Infant Hearing Screening Provider shall be a CCS-approved hospital with licensed perinatal services or a CCS-approved neonatal intensive care unit (NICU) capable of offering and providing the initial inpatient hearing screening tests to all newborns and infants, during their birth admission or NICU admission, as part of the California Newborn Hearing Screening Program (NHSP).

B. General Requirements and Procedures for Approval

1. The Inpatient Infant Hearing Screening Provider shall be a CCS-approved hospital that has licensed perinatal services and/or a CCS-approved NICU.
2. Application for participation in the program shall be sent to:

 California Newborn Hearing Screening Program
 Children's Medical Services Branch
 California Department of Health Services
 P.O. Box 942732
 Sacramento, CA 94234-7320
3. A hospital that meets the requirements identified in these standards, determined by a review of the application, supporting documents and a site visit(s), shall be certified as an Inpatient Infant Hearing Screening Provider.
4. Changes in professional staff whose qualifications are incorporated into any portion of these standards shall be reported to Children's Medical Services (CMS) Branch, or its designee, within one week of the change in a format to be specified by the Department of Health Services (DHS).
5. Initial certification shall be valid for one year, after which re-certification shall be required. The duration of the re-certification approval shall be based on quality indicators established by DHS, such as screening rate, refer rate, percent of babies discharged before being offered or receiving a hearing screen, and other indicators specified by the NHSP.
6. A hospital that contracts with another entity to provide newborn hearing screening services shall assure that all standards identified in this document are met in the provision of services.

C. Requirements for Participation**1. Staff**

- a. The hospital shall designate one person as the director of the Inpatient Infant Hearing Screening Services who is responsible for management of the newborn hearing screening program, including training and oversight of the individuals performing the screening, reporting, staff and parent education, and coordination of services and follow-up.
- b. The director shall be either a CCS-paneled neonatologist, a CCS-paneled pediatrician, or CCS-paneled otolaryngologist with admitting privileges to the hospital; or a CCS paneled audiologist or a registered nurse who is employed by the hospital.
- c. Infant hearing screening services shall be performed by individuals meeting competency criteria established by the NHSP. The program director shall certify and document that screeners meet competency levels. Copies of completed competency checklists shall be maintained by the hospital.

2. Facility and Equipment

- a. Infant hearing screening services shall be performed using FDA-approved otoacoustic emissions and/or evoked potential testing that detects a mild (30-40 dB) hearing loss in infants and newborns.
- b. Use of screening equipment shall be in accordance with manufacturer's protocols and stated norms.
- c. The choice of equipment shall be reviewed by a CCS-paneled audiologist and reflect knowledge of professional peer-reviewed literature and current audiological practice. The hospital shall obtain written confirmation from the manufacturer that the equipment meets the criteria in a. above.
- d. Equipment shall be calibrated in accordance with the manufacturer's recommendation and a log shall be kept documenting the dates of calibration, repair or replacement of parts.
- e. Disposable components of the equipment shall not be reused.

- f. There shall be adequate space for performing the screening procedures and for equipment storage. A quiet environment shall be available for repeat hearing screenings prior to discharge, when necessary.

3. Services

- a. The hospital shall have protocols, policies, and procedures in place that define the facility's newborn hearing screening program; the staff training criteria; staff roles and responsibilities; materials distributed to parents; system for provider notification, referral and follow-up procedures; and protocols for screening or referral of babies who were discharged before hearing screening was offered or done.
- b. There shall be consultation by a CCS-paneled audiologist in the development, maintenance and ongoing review, no less than annually, of a hospital's newborn hearing screening program. The audiologist's signature shall appear on an addendum to the policies and procedures and/or there shall be a letter from the audiologist verifying concurrence with the hospital's program.
- c. The hospital shall offer a hearing screening to all infants born in the facility.
- d. The hospital shall have parents sign a waiver if a hearing screening is refused. The hospital shall give the parents the appropriate DHS developed brochure, or equivalent material that has been approved by CMS or its designee.
- e. The hospital shall re-screen a newborn prior to discharge if the infant does not pass the initial hearing screening test in each ear.
- f. The hospital shall inform all parents, in writing, of the results of the hearing screening, prior to hospital discharge, as well as provide written material regarding the results of the inpatient hearing screen and the scheduled follow-up appointment, when indicated.
- g. The hospital shall include the results of the hearing screening in the infant's medical record.
- h. The hospital shall schedule an outpatient hearing re-screen appointment with an Outpatient Infant Hearing Screening Provider that shall be within four weeks following discharge for those infants who do not pass the hospital hearing screening in each ear. This appointment shall be scheduled prior to the infant's discharge and the

parents notified of the appointment place, date and time in writing. The provider and appointment date and time shall be documented in the medical record.

- i. For infants discharged before hearing screening was offered or done, the hospital shall contact the parents and shall schedule an initial hearing screening appointment with an Outpatient Infant Hearing Screening Provider. The appointment shall be within four weeks of hospital discharge. The provider and appointment date and time shall be documented in the medical record.
- j. The hospital shall perform a hearing screening on all newborns and infants in a CCS-approved NICU and shall re-screen an infant prior to discharge if the infant does not pass the initial hearing screening in each ear.
 - 1.) The hearing screening test shall be performed when the infant's medical condition warrants.
 - 2.) In addition to e. through g. above, for NICU infants who refer, the hospital shall
 - a. Perform a diagnostic audiological evaluation on infants who do not pass the hearing re-screen in each ear, provided the hospital has the equipment and audiologic staff to complete a comprehensive diagnostic audiologic evaluation as defined by the Infant Audiology Assessment Guidelines; or
 - b. Schedule the evaluation as an outpatient with a CCS-approved Level 3 or Type C Communication Disorders Center or equivalent facility approved by the infant's insurance, if the availability of adequate staff, equipment or time prohibits the completion of the diagnostic evaluation as defined in the guidelines. The appointment shall be scheduled as soon as possible following hospital discharge. The provider and appointment date and time shall be documented in the medical record.
 - c. Assist the family in completing a CCS program application and shall fax the application, completed CCS Request for Service form and the hearing screening results to the appropriate county CCS program. The referral shall be documented in the medical record.

- 3.) If the diagnostic audiological evaluation is completed in the NICU and confirms the presence of a hearing loss, the hospital shall:
 - a.) Refer the infant to the appropriate county CCS program.
 - b.) Refer the infant to the Early Start Program (1-866-505-9388) and to other support services for deaf and hard-of-hearing children and their families.
 - c.) Distribute the California NHSP information packet to parents of these infants.
- 4.) All diagnostic evaluation results are to be reported to the CMS Branch or its designee in a format specified by DHS.
- k. The hospital shall provide information and education, at least annually, to the medical and nursing staff who serve pregnant women and newborns regarding the newborn hearing screening program.
- l. The hospital shall distribute written information regarding the value and availability of the newborn hearing screening program to parents and families during the prenatal period, at a minimum through hospital-sponsored childbirth education classes and preadmission orientation. The hospital shall use DHS developed brochures or equivalent materials that have been approved by CMS or its designee.
- m. The hospital shall participate in semi-annual meetings, facilitated by the Hearing Coordination Center, with other inpatient hearing screening providers in its geographic service area.
- 4. Care Coordination/Referral
 - a. Prior to the infant's discharge, the hospital shall provide written information to parents on the results of the hearing screening and any scheduled follow-up appointment. The hospital shall use DHS developed brochures, or equivalent materials that have been approved by CMS, or its designee.
 - b. The hospital shall notify each infant's primary care provider in writing of the results of the hearing screening.

- c. If an infant requires an outpatient hearing re-screen, an outpatient initial hearing screening, or an outpatient diagnostic audiological evaluation, the appointment place, date and time shall also be forwarded to the infant's primary care provider in writing.
- d. If an infant requires an outpatient hearing re-screen or an outpatient initial hearing screening, the hospital shall fax or mail the appointment notification letter to the outpatient screening provider.
- e. If an infant requires an outpatient diagnostic audiological evaluation, the hospital shall fax or mail the appointment notification letter to the diagnostic audiology provider.
- f. If the parents waive the hearing screening, notification shall be forwarded to the infant's primary care provider in writing.

5. Reporting Requirements

Each hospital certified as an Inpatient Infant Hearing Screening Provider shall report to DHS, or its designee, data on all infants receiving neonatal services, in a format and frequency specified by DHS.

6. Quality Assurance Activities

- a. The hospital shall monitor the following, no less than quarterly:
 - 1.) A minimum of 95% of newborns born in the hospital are offered hearing screening prior to discharge.
 - 2.) 100% of the newborns and infants receiving services in a CCS approved NICU receive a hearing screening prior to discharge.
 - 3.) During the first six (6) months of program operation, the hospital shall evaluate that, for the program as a whole and for each individual screener, the following parameters are not exceeded:
 - a.) If ABR screening equipment is used, there is no greater than a 10% refer rate.
 - b.) If OAE screening equipment is used, there is no greater than a 20% refer rate.

- c.) If a combination of hearing screening equipment is used, there is no greater than a 10% refer rate.

After the first six (6) months of program operation, the hospital shall evaluate that, for the program as a whole and for each individual screener, the following parameters are not exceeded:

- a.) If ABR screening equipment is used, there is no greater than a 5% refer rate.
 - b.) If OAE screening equipment is used, there is no greater than a 10% refer rate.
 - c.) If a combination of hearing screening equipment is used, there is no greater than a 5% refer rate.
- b. The hospital shall have policies and procedures to address variations outside the parameters identified in a. above.

7. Billing

- a. Inpatient Infant Hearing Screening Providers shall submit claims for reimbursement to DHS or its fiscal intermediary using only the infant hearing screening codes identified in the NHSP Provider Manual for services provided to Medi-Cal or CCS-eligible beneficiaries, in a format specified by DHS.
- b. All billing for infant hearing screening services shall conform to the requirements specified in the NHSP Provider Manual and in the Medi-Cal Provider Manual.

3.42.1 INPATIENT INFANT HEARING SCREENING PROVIDER**Attachment A****COMPETENCY CRITERIA FOR ALL PERSONNEL PERFORMING NEWBORN HEARING SCREENING**

Inpatient Infant Hearing Screening Providers shall incorporate the following competency criteria into their evaluation and monitoring of individuals performing newborn hearing screening.

Individual skills shall include the ability to:

1. Prepare the environment to perform the hearing screening:
 - a. ensures appropriate test situation with regard to ambient noise.
 - b. chooses time for testing according to hospital protocol.
2. Perform the hearing screening:
 - a. assesses infant for quiet state.
 - b. positions infant correctly.
 - c. appropriately places test equipment, such as probes, electrodes, and/or ear couplers on the infant.
 - d. operates hearing screening equipment accurately.
 - e. completes hearing screening with a valid test result.
 - f. removes and disposes of test items appropriately.
3. Perform infection control and risk management:
 - a. practices standard precautions
 - b. washes hands before and after handling each infant
 - c. cleans equipment and disposes of supplies per hospital policy and protocol after each use.
4. Collect and record test data following hearing screening:
 - a. enters/records infant information accurately.
 - b. collects and reports screening results according to hospital protocol.
5. Communicate knowledge of the Newborn Hearing Screening Program (NHSP) and hearing screening results.
 - a. explains importance of newborn hearing screening.
 - b. explains hearing screening procedure.
 - c. explains the meaning of pass or refer result of a hearing screening.
 - d. explains the referral process if indicated.